

U.S. DEPARTMENT OF AGRICULTURE  
AGRICULTURAL MARKETING SERVICE  
LIVESTOCK AND SEED PROGRAMS

## APPLICATION FOR SERVICE

Meat Grading and Certification  
Fax: (720)497-0571  
GradingInfo@usda.gov

Audit Review and Compliance  
Fax: 202-690-1038  
ARBranch@usda.gov

USDA, MRP, AMS, LS, MGC Branch  
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Lakewood, CO 80401

USDA, MRP, AMS, LS, ARC Branch  
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Fredricksburg, VA 22406

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The undersigned hereby applies to the Meat Grading and Certification Branch and Audit, Review, & Compliance Branch, Livestock and Seed Programs, U.S. Department of Agriculture, for the furnishing of official services to be provided at the following location:

NAME AND ADDRESS OF ESTABLISHMENT WHERE SERVICE IS TO BE PROVIDED (Include Street, City, State, and ZIP - NO P.O. BOX)	TAX ID # (Required by IRS)
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## TYPE OF SERVICE APPLIED FOR:

- ☐ CARCASS GRADING (Check applicable species): 
 ☐ BEEF 
 ☐ PORK 
 ☐ VEAL AND CALF 
 ☐ LAMB  
☐ PRODUCT CERTIFICATION/REPROCESSING 
 ☐ AUDITING 
 ☐ MEAT JUDGING CONTEST 
 ☐ OTHER (Specify) \_\_\_\_\_

## INSPECTION INFORMATION:

US EST. NO. \_\_\_\_\_ or NFI EST. NO. \_\_\_\_\_

## OPERATIONS CONDUCTED (Check all that apply):

- ☐ SLAUGHTERING (Check applicable species):  
☐ CATTLE ☐ CALVES ☐ SHEEP ☐ SWINE  
☐ OTHER (Specify) \_\_\_\_\_  
☐ PROCESSING ☐ FABRICATING ☐ DISTRIBUTING  
☐ BREEDING ☐ FEEDING ☐ SUPPORT SERVICES  
☐ ASSOCIATION ☐ MARKETING ☐ OTHER (Specify) \_\_\_\_\_

## LEGAL STATUS (Check one):

- ☐ INDIVIDUAL OWNER ☐ PARTNERSHIP ☐ CORPORATION  
☐ OTHER (Specify) \_\_\_\_\_

## FINANCIAL INTEREST IN THE PRODUCT (Check one):

- ☐ OWNER/PART OWNER ☐ CONTRACTOR  
☐ OTHER (Specify) \_\_\_\_\_

## I (We), agree to:

- ☐ 1. To comply with all applicable provisions of the Federal Meat Grading and Certification Regulations, 7 CFR, Part 54 (Revised), a copy of which I (we) have received and read;  
 2. To notify the Meat Grading and Certification Director, Office of Field Operations, in writing and in advance of my (our) cancellation of this application;  
 3. To notify the Meat Grading and Certification Office of Field Operations immediately when a change occurs in my (our) legal status/Applicant Representative; and  
 4. That the Federal meat grading and certification service for which application is hereby made may be denied or withdrawn at any time as provided in the Federal Meat Grading and Certification Regulations.  
☐ 1. To comply with all applicable provisions of the Quality Systems Verification Programs, 7 CFR, Part 62, a copy of which I (we) have received and read;  
 2. To notify the Audit, Review, and Compliance Branch, in writing and in advance of my (our) cancellation of this application;  
 3. To notify the Audit, Review, and Compliance Branch immediately when a change occurs in my (our) legal status/Applicant Representative; and  
 4. That the quality systems verification service for which application is hereby made may be denied or withdrawn at any time as provided in the Quality Systems Verification Programs.

NAME AND ADDRESS OF APPLICANT (Type or print legibly)	SIGNATURE OF APPLICANT OR REPRESENTATIVE AND DATE
SOCIAL SECURITY NUMBER (Required by NFC)	PRINT OR TYPE NAME OF SIGNED
TELEPHONE NUMBER	TITLE OF APPLICANT OR REPRESENTATIVE 1/

DATE OF APPROVAL	TITLE OF APPROVING OFFICER	SIGNATURE OF APPROVING OFFICER
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1/ Also include signature of operator of establishment (or title and signature of his/her representative) if operator is not the applicant. See 54.6 and 62 of the Regulations (Revised).